



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
APPLICATION FOR NAVIGATOR ENTITY LICENSE RENEWAL

Email Application To: dci.ins.deposit@insurance.mo.gov
Mail: Missouri Department of Commerce and Insurance
 P.O. Box 4001
 Jefferson City, MO 65102
Questions: licensing@insurance.mo.gov

PLEASE PRINT OR TYPE					
1. NAVIGATOR ENTITY NAME			2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. NPN
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS			5. STATE OF DOMICILE		6. COUNTRY OF DOMICILE
7. FEIN		8. CONTACT NAME			
9. BUSINESS ADDRESS			10. CITY		11. STATE
12. ZIP OR FOREIGN COUNTRY			13. TELEPHONE NUMBER		14. FAX NUMBER
15. BUSINESS WEBSITE ADDRESS			16. BUSINESS EMAIL ADDRESS		
17. MAILING ADDRESS		18. P.O. BOX		19. CITY	
20. STATE		21. ZIP OR FOREIGN COUNTRY			

BACKGROUND INFORMATION

22. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the navigator entity or any owner, partner, officer or director ever been convicted of, or is the navigator entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld, which has not been previously reported to this insurance department? YES NO

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

“Whether or not adjudication was withheld” includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence—sometimes called an “SIS” or “SES”).

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the navigator entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license, which has not been previously reported to this insurance department? YES NO

“Involved” means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

3. Has the navigator entity or any owner, partner, officer or director ever been notified of any delinquent income tax obligation, which has not been previously reported to this insurance department? YES NO

If you answer yes, identify the jurisdiction(s): _____

4. Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty, which has not been previously reported to this insurance department? YES NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

APPLICANT'S CERTIFICATION AND ATTESTATION

23. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
3. I authorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I am familiar with the navigator laws and regulations of Missouri.
5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE

TYPED OR PRINTED NAME

TITLE

SOCIAL SECURITY NUMBER

ADDRESS (CITY, STATE, ZIP CODE)

INSTRUCTIONS

Application for initial licensure for a navigator entity shall include the following, as applicable:

1. A completed Application for Navigator Entity License Renewal.
2. \$50 fee in the form of a check or money order, made payable to Department of Commerce and Insurance.
3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)

Email Completed Application and Attachments To: dc.ins.deposit@insurance.mo.gov

Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

OR

Mail Completed Application and Attachments to:

Missouri Department of Commerce and Insurance

P.O. Box 4001

Jefferson City, MO 65102

Payment will be in the form of a check or money order.